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Recommendation for funding for a short-duration country programme**

Democratic Republic of the Congo

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of the Democratic Republic of the Congo with a duration of three years to support activities which are being developed by the country programme. The Executive Director *recommends* that the Executive Board approve the amount of $48,659,000 from regular resources, subject to the availability of funds, and $40,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003-2005.

* E/ICEF/2002/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resource programmes for 2002 (E/ICEF/2002/P/L.36).

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Basic data (2000 unless otherwise stated)	
Child population (millions, under 18 years)	28.2
U5MR (per 1,000 live births)	205
IMR (per 1,000 live births)	129
Underweight (% moderate and severe) (2001)	31
Maternal mortality ratio (per 100,000 live births) (1988)	1 300
Literacy (% male/female) (2001)	80/52
Primary school enrolment (% net, male/female) (2001)	55/48
Primary school children reaching grade 5 (%) (2001)	54
Use of improved drinking water sources (%) (2001)	46
Routine EPI vaccines financed by Government (%) (2001)	0
HIV prevalence among adults (%) (1999)	5.1
GNP per capita (US$)	[a]
One-year-olds fully immunized against (2001):	
Tuberculosis	56 per cent
Diphtheria/pertussis/tetanus	31 per cent
Measles	48 per cent
Poliomyelitis	43 per cent
Pregnant women immunized against tetanus	48 per cent

[a] Estimated to be low ($755 or less).

The situation of children and women

1. The recent years of armed conflict in the Democratic Republic of Congo, which have caused the deaths of 2.5 million people and displaced a further 2 million people, have had disastrous consequences for the situation of children, women and families. As a result of the crisis, families have been torn apart, children have been used by the country's armed groups, the number of people living in the streets has risen rapidly, access to basic social services has been reduced, family incomes have fallen, and infant and maternal mortality rates have risen. The consequences of the conflict have been made worse by natural disasters, such as the eruption of the Nyiragongo volcano in January 2002, which destroyed 30 per cent of the city of Goma and led to the displacement of 400,000 people.

2. Malaria, measles, diarrhoea, acute respiratory infections (ARI) and acute malnutrition are the leading causes of child mortality. The situation of women is disturbing; the maternal mortality ratio is estimated at 1,289 per 100,000 live births. The average HIV seroprevalence rate among pregnant women is 8.1 per cent, and the Joint United Nations Programme on HIV/AIDS estimates that there are 680,000 AIDS orphans in the country. Due to the poor quality of health services and the fact that they must be paid for by patients, 70 per cent of families are excluded from access to care.

3. Fewer than 3 per cent of children from three to five years of age are enrolled in the formal early education system, and more than 4.6 million school-age children (including 2.5 million girls) do not attend school. The repetition rate is above 22 per cent, and scarcely 25 per cent of children reach the fifth grade of primary school without repeating. The decline in standards within the education sector is the consequence of a poorly qualified teaching staff, combined with parents' inability to pay annual school fees.

4. Protection of women and children continues to present a challenge. Only 34 per cent of children under five are registered with the authorities. Orphans account for 8.8 per cent of children between the ages of 8 and 15 and are prime targets for the armed groups. Tens of thousands of children are still enlisted in such groups. Women are victims of sexual violence and failure to respect rules on inheritance. With regard to participation, there continues to be a tendency to exclude children and women from all decision-making processes, despite the establishment of the national children's and women's councils and the children's parliament.

5. However, the ceasefire is being observed by the warring parties, under the supervision of the United Nations Organization Mission in the Democratic Republic of the Congo (MONUC), the inter-Congolese dialogue for peace is under way, and the country has re-established relations with the Bretton Woods institutions — all factors offering hope that recognition of women's and children's rights will become a reality.

Programme cooperation, 2000-2002

6. The programme of cooperation was implemented in five government-controlled provinces and three rebel-held provinces; it has been revised through regular annual reviews in order to ensure that it conforms to the evolution of the humanitarian crisis and to the new needs of the population. The programme incorporates the response to the humanitarian emergency that was funded through the Consolidated Appeals Process. In that context, emergency medical support was provided to 4 million people; 400,000 children were immunized against measles and 100,000 received nutritional support; 120,000 out of 350,000 displaced families were provided with relief kits; and 100,000 displaced children were able to return to school. Furthermore, nearly 45,000 families affected by the eruption of the Nyiragongo volcano have received relief kits, 12,000 children have returned to school and 320,000 children from 9 months to 15 years of age have been immunized against measles.

7. The primary health care programme has revitalized health centres by providing the minimum package of activities, including curative and preventive care and health promotion, thus improving the services offered to 1 million children and women. As a result of the poliomyelitis eradication initiative, 12 million children were immunized against the disease, and no new cases were reported in 2001. Revitalization of the Expanded Programme on Immunization (EPI) has increased immunization coverage among children, on average, from 35 per cent to 50 per cent in four provinces. An immunization campaign against measles was conducted among 2.5 million children under five. Under the anti-malaria campaign, insecticide-treated bed nets were introduced in six health regions. Vitamin A distribution was integrated into routine activities and national immunization days,

and iodized salt monitoring was strengthened. The programme played a decisive role in the formulation of the national plan to prevent mother-to-child HIV transmission.

8. The aim of the education programme was to provide quality education to children of school age. The desired reduction in dropout rates and increase in enrolment rates were achieved at 500 targeted schools with a total of 420,000 pupils. The enrolment rate rose from 5 to 20 per cent, with a significant increase in the number of girls. The dropout rate fell to below 10 per cent. School supplies, textbooks and furniture were provided to more than 416,000 pupils, including 175,000 girls. A curriculum was developed and 8,800 teachers received training. Life skills training provided by 1,900 teachers and educators has prepared 87,000 children and teenagers, including 33,000 girls, to be more successful at school and in their adolescent lives.

9. The child protection programme has helped to ensure that children's rights are implemented. The draft reform of the juvenile justice system was brought into line with international conventions, but has not yet entered into force. In an effort to provide assistance to children and women, 14 community legal clinics were opened and 20,000 vulnerable children, 30 per cent of whom are girls, have had regular, free access to health care and education. More than 200 social workers were trained to provide psychosocial supervision for children at risk. The survey and awareness-raising campaign on child soldiers have made it possible to begin the process of demobilizing 250 children in the western part of the country and 269 in the eastern part.

10. The social advocacy and planning programme has helped to promote rights and strengthen governmental planning capacities. Efforts to encourage civil registration of children have led to a 15 per cent rise in the number of children registered in the country's five main cities, while the creation of the national children's council has helped to popularize children's rights. Through the multiple indicator cluster survey (MICS), it has been possible to update statistics on the goals of the World Summit for Children and to build national capacities. Under the programme, 250 partners from the Government and non-governmental organizations (NGOs) were trained in project planning using the logical framework method and the rights-based approach, and in UNICEF management procedures.

Lessons learned from past cooperation

11. The country programme has been implemented in an emergency context, one that called for a response appropriate to the needs of children and women. Despite certain constraints imposed by the crisis situation, significant results have been achieved, in particular, the national immunization days and the MICS survey, in both government-controlled zones and those held by armed opposition groups. These results were achieved through consistent advocacy efforts by UNICEF at the highest level and the presence of UNICEF teams in each of the eight provinces in order to support programme execution and maintain the close partnership developed with donors and NGOs. Nevertheless, the excessive centralization of planning activities and programme implementation has limited the programme's ability to meet the new needs of the population. Two new teams have been set up, one in the eastern part of the country and one in the western part; the next programme will

therefore have a stronger presence in the field and will be able to provide a rapid, flexible response, adapted to the needs of families and communities.

12. The UNICEF office has integrated emergency activities and humanitarian assistance into the regular programme, but there has been evidence of a lack of complementarity in the areas of health and nutrition. The efforts made to strengthen the emergency planning capacities of the Government and the office will improve the synergy between emergency activities and the regular programme. The lack of convergence among sectoral components has limited the programme's impact. A strategic thrust of the next programme will be to define a zone of convergence within each of the eight provinces. The frequency of cholera epidemics in certain regions of the country, owing to poor hygiene and poor sanitation, has never been checked. The next programme will address this problem.

13. The programme has promoted equality between the sexes, the fight against HIV and integrated early children development, in accordance with vertical strategies. The new programme will promote those strategies through an intersectoral approach, by identifying the support required of each programme component. MICS and the survey on child soldiers have made it possible to update our knowledge of the situation of children and to perform effective advocacy among decision-makers. Evaluation of the health services revitalization project has confirmed the significant increase in the use of preventive care and shown that almost half of the country's health centres are able to cover their operating costs. The study on girls' enrolment has shown that tradition and poverty are major causes of low enrolment rates among girls. The next programme will take into account the lessons learned from these surveys, studies and evaluations.

14. The absence of an integrated communication plan in support of programmes has limited the effectiveness of sectoral interventions. The design and implementation of such a plan will be given priority under the new programme.

Recommended programme cooperation, 2003-2005

	Estimated total annual expenditure (In thousands of United States dollars)			
	2003	*2004*	*2005*	*Total*
Regular resources				
Survival of children and women	5 450	5 450	5 450	16 350
Child development and education	3 300	3 300	3 300	9 900
Protection of vulnerable groups	1 200	1 200	1 200	3 600
Participation and communication	700	700	700	2 100
Planning and development of social policies	1 400	1 400	1 400	4 200
Cross-sectoral costs	4 143	4 183	4 183	12 509
Subtotal	**16 193**	**16 233**	**16 233**	**48 659**

	Estimated total annual expenditure (In thousands of United States dollars)			
	2003	*2004*	*2005*	*Total*
Other resources				
Survival of children and women	7 250	7 250	7 250	21 750
Child development and education	2 300	2 300	2 300	6 900
Protection of vulnerable groups	1 900	1 900	1 900	5 700
Participation and communication	900	900	900	2 700
Planning and development of social policies	600	600	600	1 800
Cross-sectoral costs	550	550	550	1 650
Subtotal	**13 500**	**13 500**	**13 500**	**40 500**
Total	**29 693**	**29 733**	**29 733**	**89 159**

Country programme preparation process

15. The programme of cooperation was formulated through collaboration with the Government and its partners. As a result of this process, the Government, civil society and UNICEF were able to engage in a dialogue on issues affecting children. The process concluded with a programme validation meeting, attended by United Nations agencies and donors, and culminated in the definition of a programme cooperation strategy consistent with the outcome of the Common Country Assessment undertaken in 2001. The resulting dynamic will be further exploited during the preparation of the United Nations Development Assistance Framework (UNDAF), planned for 2002.

Country programme goals and objectives

16. In the context of a recurring humanitarian crisis, the programme will strive to achieve a return to peace and respect for the basic rights of children and women, in order to help to attain the national goals for child survival, development, protection and participation. The programme will contribute to: (a) reducing infant and infant-child mortality rates by 10 per cent and maternal mortality ratios by 5 per cent; (b) increasing school enrolment rates by 6 per cent, while reducing the disparity between girls and boys; (c) reuniting 40 per cent of the children and women in need of special protection measures with their families, especially child soldiers, street children and children working in mines; (d) promoting an increase in the share of national resources and official development assistance allocated to basic social services; (e) developing a national system of planning, monitoring and evaluation of programmes for children; and (f) reducing the vulnerability of children, adolescents and women to HIV.

Relation to national and international priorities

17. The programme is in line with the national priorities set out in the multisectoral rehabilitation and reconstruction programme 2002-2005, with respect to the revitalization of health services, basic education and child protection components, and with the Fund's medium-term strategic plan, based on "A World Fit for Children". It also conforms to the guidelines set forth in the 2001 Common Country Assessment and will help to achieve the millennium development goals, through UNDAF and the interim Poverty Reduction Strategy Paper (PRSP), currently being prepared.

Programme strategy

18. The country programme strategy is based on children's right to life, development, protection and participation. It will strengthen the leading role of UNICEF in such areas as early childhood immunization, girls' schooling, integrated early childhood development, protection of vulnerable groups and HIV prevention, by making the family the central focus of all interventions. The strategy integrates UNICEF regional HIV strategies, integrated early childhood development and the principle of equality between the sexes. In practice, it will comprise the following: (a) emergency response, integrated into regular programme activities; (b) capacity-building at the institutional, community and family levels; (c) efforts to provide more and better-quality services; (d) advocacy and communication aimed at social mobilization, the use of basic social services and the adoption of new behaviours; (e) participation of families and communities in all phases of programme development; (f) intrasectoral and intersectoral integration, in order to ensure synergy among the programmes; and (g) a flexible approach, so that the programme can be adapted to the changing situation.

19. Certain programme components will be implemented nationwide, including immunization, rights promotion and the development of social policies. In order to ensure intrasectoral and intersectoral synergy, the country programme will concentrate on 55 of the country's 307 health regions, involving a total of 8.5 million people, or 16 per cent of the population. These health regions will be chosen in accordance with the situation of children, the prospects for partnership and the experiences of past cooperation; they will be distributed among the provinces of Bas-Congo, Kinshasa, Kasaï-Occidental, Kasaï-Oriental, Katanga, Kivu-Nord, Kivu-Sud and Orientale and will constitute the convergence zone for the country programme, to be covered by the regional offices, with the support of the UNICEF central office. This approach will improve the effectiveness and adaptability of the programme in the field by making the two regional offices responsible for planning, implementation, monitoring and evaluation.

20. The programme on survival of children and women focuses on decentralizing health system management to the health regions level, integrated management of childhood illness, and behaviour change communication. The immunization project will bring vaccine coverage against EPI target diseases to 80 per cent and will continue to hold national immunization days for poliomyelitis and measles. By training 12,000 health workers, strengthening the cold chain at 3,500 health centres and supplying vaccines, to be funded eventually by the Government, the programme will help to reduce the incidence of transmissible diseases among 12 million

children under five. The programme will be implemented in conjunction with the World Health Organization (WHO), the United States Agency for International Development, BASIC and Rotary International. The health system revitalization project will help to maintain the quantity and quality of services in 55 health regions, focusing on the fight against ARI, diarrhoeal diseases, malaria, malnutrition and the promotion of appropriate behaviours, through integrated management of childhood illness, including its community participation and early childhood education components. Some 11,500 health workers will be trained and supervised, in partnership with WHO and local organizations, in the provision of quality health care to 2 million children under five.

21. The nutrition project will reduce vitamin A deficiency among children under eight from 60 per cent to 15 per cent, cut the prevalence of anaemia among pregnant women from 57 per cent to 25 per cent, and maintain the consumption of iodized salt at 95 per cent of households. The promotion of exclusive maternal breastfeeding up to six months of age will be extended to all maternity wards and communities in the 55 health regions, as an introduction to the strategy of integrated early childhood development. In the targeted health regions, the project on reproductive health and prevention of mother-child transmission of HIV will focus on proper prenatal care, improved delivery conditions, HIV prevention and care of seropositive pregnant women at 20 reference hospitals and maternity wards. It will reduce the maternal mortality ratio among 2.1 million women of childbearing age by 2.5 per cent and will reduce the risk of mother-child HIV transmission. The water, hygiene and sanitation project, which is being implemented in collaboration with OXFAM and the World Bank, will nurture a healthy environment and appropriate behaviours in schools and early childhood centres through health education and the construction of water points and latrines.

22. The child development and education programme seeks to strengthen teacher capacity, empower communities and encourage participation by children. The early childhood education and development project will target community groups. It will have four priority focuses: (a) parental education, which will strengthen and complement traditional practices for the survival and development of young children; (b) support for a holistic national early childhood policy; (c) capacity-building for the formal pre-school system; and (d) support for the creation of community-based early learning centres in the convergence zone. Based on the utilization of positive traditional practices, this project will train 9,000 supervisors and produce educational materials for the early learning activities of 300,000 children under five. By supporting the public pre-school system through the provision of equipment and training, the project will increase the number of children who benefit from it to 16,000. The girls' education project will raise the admission rate for girls from 20 per cent to 50 per cent at 1,000 targeted schools, with a 75 per cent retention rate in the third year. With support from the United Nations Educational, Scientific and Cultural Organization (UNESCO), the project will support the introduction of modules on peace and HIV prevention in school curricula and provide training for 17,000 teachers. It will equip 10,000 classrooms with teaching equipment and will help to improve the academic performance of 800,000 students, who will be given textbooks and school supplies. The environment will be improved through the construction of latrines at 500 rehabilitated schools, with the collaboration of OXFAM and the World Bank. Girls' schooling will be promoted through the creation of 1,000 parent committees and the

organization of mass campaigns in partnership with the non-governmental organization Strategies for Advancing Girls' Education (SAGE). Under the survival programme, 350,000 schoolchildren from six to eight years of age will benefit from health and nutrition activities. Support will also be provided for the education of 100,000 displaced children, in cooperation with the World Food Programme and the Norwegian Refugee Council.

23. The protection of vulnerable groups programme helps to ensure the application of laws protecting vulnerable children, women and families. The legal and social protection programme will increase the effectiveness of the judicial system by revising legislation to bring it into line with international law, training the staff of the peace courts in the eight provinces, and setting up community legal clinics with a view to improving access for target groups. In order to improve the application of protection principles, a programme will be set up to educate communities and families in the law. Through its social dimension, the project will contribute to the preparation, adoption and application of social policies for excluded women and children, in order to facilitate their access to education and health. Non-institutional strategies will be applied in an effort to reintegrate 20,000 children who are living in the streets or working in the mines. Five hundred social workers will be trained to provide better care to children and women infected with and affected by HIV/AIDS, including psychosocial follow-up. A plan for assisting orphans will be designed and implemented. These activities will be carried out in partnership with OXFAM, Save the Children and local organizations. The project on children, women and families affected by armed conflict will continue its advocacy efforts aimed at stopping the recruitment of child soldiers and will guide the process of demobilizing around 10,000 child soldiers and reuniting them with their families. Training of non-governmental and grass-roots organizations in how to care for children and women affected by conflict will be provided in collaboration with the World Bank, the International Labour Organization (ILO) and MONUC, and will be reinforced through greater knowledge of at-risk groups.

24. The participation and communication programme will develop a consistent communication policy that will increase the international community's awareness of the situation of Congolese children. In accordance with the evolution of that situation, the policy will seek to promote more appropriate behaviours in terms of ensuring respect for children's rights. The project on advocacy for the implementation of rights will encourage development of a sociopolitical and legal environment conducive to the realization of rights. Through advocacy efforts among decision-makers, leaders and civil society, capacity-building, the production of educational materials and the provision of training and equipment to 50 news media, the project seeks to increase the share of national resources allocated to the social sectors and to ensure greater respect for children's and women's rights. The aim of the project on communication in support of programmes will be to form alliances with the Government and civil society, in order to foster their adherence to programme priorities and encourage communities and families to adopt behaviours and attitudes conducive to child survival and development. The project will therefore assist in the conduct of behavioural studies, the establishment of 1,500 community structures, and the revitalization of traditional and modern communication networks. The goal of the project on HIV/AIDS and young people is to define a national HIV prevention strategy based on grass-roots communities. In the convergence zone, the project will help to reduce the HIV infection rate among

young people by 25 per cent, and will ensure that 90 per cent of young people know how to protect themselves against HIV infection and have access to *amis des jeunes* ("friends of young people") services. To achieve these objectives, an analysis of the situation of young people, followed by a plan of action, will be carried out with the participation of young people and the country's development partners. A communication plan will be developed. The *amis des jeunes* health services and the schools will reinforce the communication programme through knowledge acquisition and life skills programmes. A peer education strategy will be implemented to reach out to children who are not in school.

25. The programme on planning and development of social policies helps to ensure that children's and women's rights are taken into account in national development policies and plans. The social policy and rights monitoring project will create competency within the Ministry of Planning so that it can assist in the review of health, education and protection policies. At the central and provincial levels, the project will support the management of the database on children and women and monitoring of the national plan of action for children. The planning, follow-up and evaluation project will develop a culture of evaluation among development partners and will strengthen their project management and evaluation capacities by training 300 technicians, providing equipment for statistical departments on health and education, and informing beneficiaries of evaluation results on a systematic basis. It will conduct the studies required to foster a better understanding of the situation of children and women, in collaboration with the United Nations Development Programme (UNDP) and the World Bank, and will participate in the formulation of UNDAF and the PRSP. It will coordinate implementation of the integrated plan for monitoring and evaluation of the country programme, especially in order to measure its impact on the situation of children and women in the convergence zone, and will support the implementation of a national network of evaluators, open to civil society. Using funds generated by the Consolidated Appeals Process, the humanitarian assistance project will invest in the planning, execution and coordination of emergency operations between the Government and its partners, develop rapid response capabilities, and ensure that emergency activities and regular programme activities are integrated and complementary. It will be implemented in collaboration with the Office for the Coordination of Humanitarian Affairs (OCHA) and the European Union.

26. Cross-sectoral costs are aimed at ensuring the availability of the human, material and logistical resources needed to implement the country programme. They will be shared between the central office and the two regional offices in order to support the decentralized implementation of the country programme.

Monitoring and evaluation

27. Coverage and impact studies, including the 2005 MICS survey, specific surveys and ex ante evaluations, carried out with the participation of institutional partners, civil society, research institutions and universities, will make it possible to monitor progress towards achieving the goals of the national plan of action for children and to measure programme impact in the convergence zone. In the programme implementation areas, result indicators will be monitored, especially vaccine coverage rates, the use of insecticide-treated bed nets, the number of children born with HIV, girls' schooling and the reintegration of child soldiers and

street children. End-of-year programme assessments will ensure that strategies and activities are adjusted to reflect changes in the situation of children and women.

Collaboration with partners

28. The UNDAF, the Consolidated Appeals Process and the multisectoral reconstruction and rehabilitation programme will foster complementarity between the programme and the actions of United Nations agencies and other development partners. The participation of thematic groups on good governance, the fight against poverty, food security, human rights and HIV/AIDS will make it possible to harmonize operational strategies. The office will strengthen its collaboration with donors, including South Africa, Belgium, Canada, Denmark, France, Germany, Ireland, Italy, Japan, the Netherlands, Norway, Spain, Sweden, Switzerland, the United States of America, the European Union and national committees for UNICEF. The partnership will be extended to non-governmental organizations and civil society.

Programme management

29. The Government and UNICEF have agreed on the need to establish an overall framework for programme management that is effectively decentralized and flexible, the better to meet the needs identified over the past three years. The Ministry of Foreign Affairs and International Cooperation heads the inter-ministerial committee for coordination and monitoring. Composed of representatives of ministries and UNICEF administrators, the committee will meet on a quarterly basis and at each review, in order to monitor and improve programme impact. It will assist the provincial teams responsible for programme planning and implementation in the management of action plans by involving partners. The budget, 60 per cent of which is financed from regular resources, will ensure funding for the priorities of the medium-term strategic plan. The UNICEF office and the Government will develop a joint strategy for mobilizing the portion of the budget approved under other resources.

TABLE
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : DEM REP OF CONGO
PROGRAMME:2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
SURVIVAL OF THE CHILD AND MOTH	16,350,000		16,350,000	0	0	1	3	1	0	5	2	3	10	2,733,444	426,324	3,159,768
DEVELOPMENT & EDUC. OF THE CHI	9,900,000		9,900,000	0	0	0	1	1	0	2	1	1	4	1,011,990	167,116	1,179,106
PROTECTION OF VULNERABLE GROUP	3,600,000		3,600,000	0	0	0	1	1	0	2	1	2	5	1,011,990	217,833	1,229,823
PARTICIPATION AND COMMUNICATIO	2,100,000		2,100,000	0	0	0	1	0	0	1	2	1	4	536,509	280,244	816,753
PLANNING & DEV. OF SOCIAL POLI	4,200,000		4,200,000	0	0	0	1	1	0	2	1	2	5	1,123,917	223,227	1,347,144
CROSS-SECTORAL COSTS	12,509,000		12,509,000	0	0	0	4	5	2	11	11	41	63	5,285,605	3,278,983	8,564,588
TOTAL RR	48,659,000		48,659,000	0	0	1	11	9	2	23	18	50	91	11,703,455	4,593,727	16,297,182
OTHER RESOURCES :																
SURVIVAL OF THE CHILD AND MOTH		21,750,000	21,750,000	0	0	0	0	2	0	2	1	1	4	950,962	167,116	1,118,078
DEVELOPMENT & EDUC. OF THE CHI		6,900,000	6,900,000	0	0	0	0	1	0	1	1	1	3	475,481	213,676	689,157
PROTECTION OF VULNERABLE GROUP		5,700,000	5,700,000	0	0	0	0	0	0	0	1	0	1	0	116,399	116,399
PARTICIPATION AND COMMUNICATIO		2,700,000	2,700,000	0	0	0	0	0	0	0	0	1	1	0	47,446	47,446
PLANNING & DEV. OF SOCIAL POLI		1,800,000	1,800,000	0	0	0	1	0	0	1	1	2	4	536,509	223,227	759,736
CROSS-SECTORAL COSTS		1,650,000	1,650,000	0	0	0	0	1	0	1	2	17	20	475,481	853,547	1,329,028
TOTAL OR		40,500,000	40,500,000	0	0	0	1	4	0	5	6	22	33	2,438,433	1,621,411	4,059,844
TOTAL RR & OR	48,659,000	40,500,000	89,159,000	0	0	1	12	13	2	28	24	72	124	14,141,888	6,215,138	20,357,026
SUPPORT BUDGET	Operating costs		1,027,966													
	Staffing			0	1	2	1	1	0	5	2	9	16	3,069,221	665,402	3,734,623
GRAND TOTAL (RR + OR + SB)				0	1	3	13	14	2	33	26	81	140	17,211,109	6,880,540	24,091,649
Number of posts and staff costs:																
Current programme cycle										22	21	69	112			
At the end of proposed programme cycle (indicative only)										33	26	81	140	17,211,109	6,880,540	24,091,649

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.